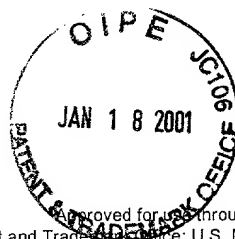


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PTO/SB/50 (08/00)

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## REISSUE PATENT APPLICATION TRANSMITTAL

Address to:

Assistant Commissioner for Patents  
Box Reissue  
Washington, DC 20231

Attorney Docket No.	155634-0012
First Named Inventor	Me Van Le
Original Patent Number	5,867,343
Original Patent Issue Date (Month/Day/Year)	February 2, 1999
Express Mail Label No.	EL692571161US

APPLICATION FOR REISSUE OF:



Utility Patent



Design Patent



Plant Patent

(Check applicable box)

## APPLICATION ELEMENTS (37 CFR 1.173)

## ACCOMPANYING APPLICATION PARTS

1. ☒ Fee Transmittal Form (PTO/SB/56)  
(Submit an original, and a duplicate for fee processing)
2. ☐ Applicant claims small entity status. See 37 CFR 1.27.
3. ☒ Specification and Claims in double column copy of patent  
format (amended, if appropriate)
4. ☒ Drawing(s) (proposed amendments, if appropriate)
5. ☒ Reissue Oath/Declaration (original or copy)  
(37 C.F.R. § 1.175) (PTO/SB/51 or 52)
6. Original U.S. Patent currently assigned?  
☒ Yes ☐ No  
(If Yes, check applicable box(es))  
☒ Written Consent of all Assignees (PTO/SB/53)  
☐ 37 C.F.R. § 3.73(b) Statement ☐ Power of Attorney  
(PTO/SB/96)

7. ☐ Statement of status/support for all changes to  
the claims. See 37 CFR 1.173 (c).
8. ☐ Original U.S. Patent for surrender  
☐ Ribboned Original Patent Grant  
☐ Statement of Loss (PTO/SB/55)
9. ☐ Foreign Priority Claim (35 U.S.C. 119)  
(if applicable)
10. ☐ Information Disclosure Statement (IDS)/PTO-1449 ☐ Copies of IDS  
Citations
11. ☐ English Translation of Reissue Oath/Declaration  
(if applicable)
12. ☐ Preliminary Amendment
13. ☒ Return Receipt Postcard (MPEP 503)  
(Should be specifically itemized)
14. Other: .....

## 15. CORRESPONDENCE ADDRESS



Customer Number or Bar Code Label



Correspondence address below

(Insert Customer No. or Attach bar code label here)

Name	Ben J. Yorks				
	IRELL & MANELLA LLP				
Address	840 Newport Center Drive				
	Suite 400				
City	Newport Beach	State	California	Zip Code	92630
Country	USA	Telephone	949-760-0991	Fax	949-760-5200

NAME (Print/Type)	Ben J. Yorks	Registration No. (Attorney/Agent)	33,609
Signature	<i>Ben Yorks</i>	Date	January 16, 2001

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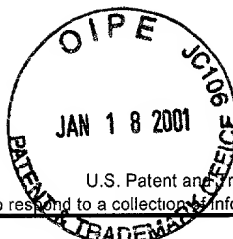
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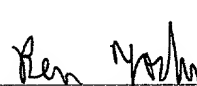
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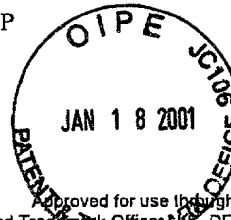
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REISSUE APPLICATION FEE TRANSMITTAL FORM						Docket Number (Optional) 155634-0012		
Claims as Filed - Part 1								
Claims in Patent		Number Filed in Reissue Application	(3) Number Extra	Small Entity		Other than a Small Entity		
				Rate	Fee	Rate	Fee	
(A) 12	Total Claims (37 CFR 1.16(j))	(B) 34	**** 14 =	x \$ _____ =		or	x \$ 18 = 252.00	
(C) 3	Independent claims (37 CFR 1.16(i))	(D) 9	* 6 =	x \$ _____ =			x \$ 80 = 480.00	
				Basic Fee (37 CFR 1.16(h))			\$ 710	
				Total Filing Fee			\$	
						OR	\$ 1442.00	
Claims as Amended - Part 2								
	(1) Claims Remaining After Amendment		(2) Highest Number Previously Paid For	(3) Extra Claims Present	Small Entity		Other than a Small Entity	
					Rate	Fee	Rate	Fee
Total Claims (37 CFR 1.16(j))	***	MINUS	**	* =	x \$ 18 =		x \$ _____ =	
Independent Claims (37 CFR 1.16(i))	***	MINUS	*****	=	x \$ 80 =		x \$ _____ =	
					Total Additional Fee	\$	OR	\$
<p>* If the entry in (D) is less than the entry in (C), Write "0" in column 3.</p> <p>** If the "Highest Number of Total Claims Previously Paid For" is less than 20, Write "20" in this space.</p> <p>*** After any cancellation of claims.</p> <p>**** If "A" is greater than 20, use (B - A); if "A" is 20 or less, use (B - 20).</p> <p>***** "Highest Number of Independent Claims Previously Paid For" or Number of Independent Claims in Patent (C).</p> <p><input type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27.</p> <p><input type="checkbox"/> Please charge Deposit Account No. _____ in the amount of _____. A duplicate copy of this sheet is enclosed.</p> <p><input checked="" type="checkbox"/> The Commissioner is hereby authorized to charge any additional fees under 37 CFR 1.16 or 1.17 which may be required, or credit any overpayment to Deposit Account No. <u>09-0946</u>. A duplicate copy of this sheet is enclosed.</p> <p><input checked="" type="checkbox"/> A check in the amount of \$ <u>1,442.00</u> to cover the filing / additional fee is enclosed.</p> <p><input type="checkbox"/> Payment by credit card. Form PTO-2038 is attached.</p> <p style="text-align: center;"><b>WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.</b></p> <div style="display: flex; justify-content: space-between; margin-top: 20px;"><div style="width: 40%;"><p><u>1/10/01</u></p><p>Date</p></div><div style="width: 50%; text-align: center;"><p></p><p>Signature of Applicant, Attorney or Agent of Record</p><p>Ben J. Yorks, Reg. No. 33,609</p><p>Typed or printed name</p></div></div>								


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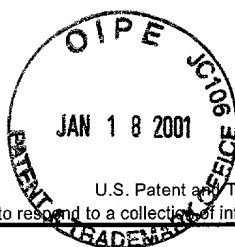
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<b>REISSUE APPLICATION: CONSENT OF ASSIGNEE; STATEMENT OF NON-ASSIGNMENT</b>		<b>Docket Number (Optional)</b> 155634-0012
<p>This is part of the application for a reissue patent based on the original patent identified below.</p>		
Name of Patentee(s) <u>Me Van Le and Jong-Ming Lin</u>		
Patent Number <u>5,867,343</u>	Date Patent Issued <u>Feb. 2, 1999</u>	
Title of Invention <u>METHOD AND APPARATUS FOR STORING POSITION OFFSET INFORMATION ON A HARD DRIVE ASSEMBLY CYLINDER</u>		
<p>1. <input checked="" type="checkbox"/> Filed herein is a statement under 37 CFR 3.73(b). (Form PTO/SB/96)</p> <p>2. <input type="checkbox"/> Ownership of the patent is in the inventor(s), and no assignment of the patent is in effect.</p> <p>One of boxes 1 or 2 above must be checked. If multiple assignees, complete this form for each assignee. If box 2 is checked, skip the next entry and go directly to "Name of Assignee".</p> <p>The written consent of all assignees and inventors owning an undivided interest in the original patent is included in this application for reissue.</p>		
<p>The assignee(s) owning an undivided interest in said original patent is/are <u>Samsung Electronics, Ltd.</u>, and the assignee(s) consents to the accompanying application for reissue.</p>		
Name of assignee/inventor (if not assigned) <u>Samsung Electronics, Ltd.</u>		
Signature 	Date <u>1/9/01</u>	
Typed or printed name and title of person signing for assignee (if assigned)  <u>Kee Eok Jang</u>  <u>Chief Financial Officer</u>		

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PTO/SB/56 (08-00)

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PTO  
09/765891  
01/18/01

REISSUE APPLICATION FEE TRANSMITTAL FORM						Docket Number (Optional) 155634-0012		
Claims as Filed - Part 1								
Claims in Patent		Number Filed in Reissue Application	(3) Number Extra	Small Entity		Other than a Small Entity		
				Rate	Fee	Rate	Fee	
(A) 12	Total Claims (37 CFR 1.16(j))	(B) 34	**** 14 =	x \$	=	or	x \$ 18 = 252.00	
(C) 3	Independent claims (37 CFR 1.16(i))	(D) 9	* 6 =	x \$	=		x \$ 80 = 480.00	
Basic Fee (37 CFR 1.16(h))					\$ 710		\$ 710	
Total Filing Fee					\$	OR	\$ 1442.00	
Claims as Amended - Part 2								
	(1) Claims Remaining After Amendment		(2) Highest Number Previously Paid For	(3) Extra Claims Present	Small Entity		Other than a Small Entity	
					Rate	Fee	Rate	Fee
Total Claims (37 CFR 1.16(j))	***	MINUS	**	*	=	x \$ 18 =	x \$ =	
Independent Claims (37 CFR 1.16(i))	***	MINUS	*****	=	=	x \$ 80 =	x \$ =	
Total Additional Fee					\$	OR	\$	
<p>* If the entry in (D) is less than the entry in (C), Write "0" in column 3.</p> <p>** If the "Highest Number of Total Claims Previously Paid For" is less than 20, Write "20" in this space.</p> <p>*** After any cancellation of claims.</p> <p>**** If "A" is greater than 20, use (B - A); if "A" is 20 or less, use (B - 20).</p> <p>***** "Highest Number of Independent Claims Previously Paid For" or Number of Independent Claims in Patent (C).</p> <p><input type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27.</p> <p><input type="checkbox"/> Please charge Deposit Account No. _____ in the amount of _____. A duplicate copy of this sheet is enclosed.</p> <p><input checked="" type="checkbox"/> The Commissioner is hereby authorized to charge any additional fees under 37 CFR 1.16 or 1.17 which may be required, or credit any overpayment to Deposit Account No. <u>09-0946</u>. A duplicate copy of this sheet is enclosed.</p> <p><input checked="" type="checkbox"/> A check in the amount of \$ <u>1,442.00</u> to cover the filing / additional fee is enclosed.</p> <p><input type="checkbox"/> Payment by credit card. Form PTO-2038 is attached.</p> <p><b>WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.</b></p> <p><u>1/18/01</u> Date</p> <p><u>Ben J. Yorks</u> Signature of Applicant, Attorney or Agent of Record</p> <p>Ben J. Yorks, Reg. No. 33,609 Typed or printed name</p>								

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